Full Name of Party Filing This Document	
Mailing Address (Street or Post Office Box)	
City, State and Zip Code	
Telephone Number	
IN THE DISTRICT COURT OF THE STATE OF IDAHO, IN AND FOR THE	JUDICIAL DISTRICT OF THE
	Case No.:
Plaintiff,	MOTION FOR ORDER FOR GENETIC TESTING
VS.	
Defendant.	
(Your name)	, requests, pursuant to Idaho Code §7-
1116, that this court order the child,	
mother,	, and alleged
father,	, to submit to
genetic tests to determine paternity; and:	
1. Genetic testing be performed by an e	expert qualified as an examiner of genetic
markers:	

2. Verified documentation should establish a chain of custody of the genetic evidence;

4. A written report of the genetic test results be filed with the court and be admitted into

3. A verified expert's report be prepared by a laboratory approved by the American

Association of Blood Banks or other accreditation body; and

evidence without further foundation, pursuant to I.R.C.P. 6(c)(7), unless a challenge to the testing procedures or the genetic analysis has been made twenty-one (21) days before trial.

- 5. The genetic test report be served upon all parties as soon as it is obtained.
- 6. The requesting party be ordered to pay the initial costs of testing; however, such costs should be recovered by the prevailing party.

Date:	Signature
CER	RTIFICATE OF SERVICE
I certify I served a copy to: (name all par	ties or their attorneys in the case, other than yourself)
(Name) (Street or Post Office Address) (City, State, and Zip Code)	[] By Mail [] By fax [] By personal delivery
(Name) (Street or Post Office Address) (City, State, and Zip Code) Date:	[] By Mail [] By fax [] By personal delivery
Signature	Typed/printed Name of Party Signing